

Best Available Copy
ISSUE SLIP STABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20225	1-21-99
O.I.P.E. CLASSIFIER		43	1/25/99
FORMALITY REVIEW	AK	71634	2/2/99

INDEX OF CLAIMS

✓ Rejected	N Non-elected
□ Allowed	I Interference
-	(Through numeral)..... Canceled	A Appeal
+ Restricted	O Objected

Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions
 staple additional sheet here

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